

Kenko Shimbun

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U.S. NAVAL HOSPITAL, Yokosuka, Japan



Community Beat p.5

High quality care is our mission

Let me begin this month's article by congratulating the entire staff once again on your performance on our JCAHO Survey. As I'm sure you have heard by now, we were granted Accreditation with Commendation. Only 17% of surveyed facilities nationwide accomplish this, and you can all feel proud of your contributions to this achievement.

I recently attended the TRICARE Conference in Washington, D.C. and had the opportunity to meet with the leaders of Navy Medicine, our sister services and Health Affairs. Most of the conference pertained to issues which are of little concern to us—things like bid price adjustments, contractor issues and resource sharing agreements. However, one certainty discussed, common to all DoD medical treatment facilities is that we must make TRICARE work if the Military Health System, as we know it, is to survive. Although much has been achieved over the past several years in bringing TRICARE online, there are still opportunities for improvement throughout our system.

The best takeaway quote from the conference came from Dr. Sue Bailey, Assistant Secretary of Defense for Health Affairs, who in her testimony to Congress in November 1998 said of the Military Health System: "Ours is the only HMO that goes to war." I think that really puts the issues of quality and cost-effectiveness into the proper context. We do need to pay attention to maintaining high quality while containing costs, but always with our eye on our readiness mission. Delivery of high quality care is not just a business for us. It is our mission.

medicine. Clinical practice guidelines are evidence based recommendations for diagnosing and treating patients in the most cost effective manner, with the best possible outcome. The use of such guidelines does not reduce the need for our health care professionals to manage the care of their patients. What they do, however, is to help reduce unnecessary variation in the delivery of care. We are already using guidelines in a few areas, and I would like to see their use increased.

Improved access to primary care managers is another means of improving both

"Ours is the only HMO that goes to war."

Dr. Sue Bailey

Assistant Secretary of Defense for Health Affairs

Here in Japan, we have gotten off to a pretty good start with delivering on the promises contained in the TRICARE benefit. But what we need to do in the coming year is to refine our services and make them even better. If we go about this in the proper way, we should be our beneficiaries' first choice for health care. We should be so good that even where other choices exist, we will be their number one choice. Achieving that level of patient satisfaction requires the best efforts of everyone on our health care team, from the housekeeping staff to the appointment clerks and clinic staff to the providers.

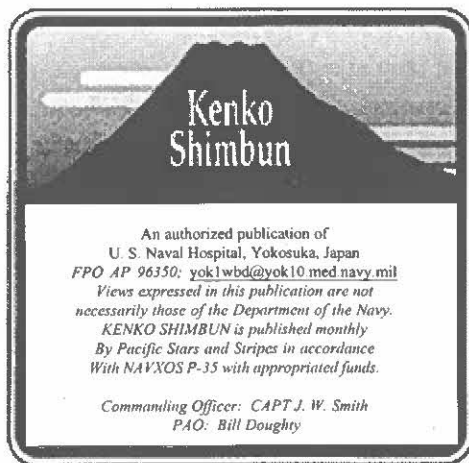
So how do we take a great health care product and make it better? At the TRICARE Conference, there were two themes stressed, which I believe have particular pertinence to our command. They are "clinical practice guidelines" and "improved access to primary care managers". I will be emphasizing these two themes over the coming year.

High quality medicine is cost-efficient

the quality of care and patient satisfaction. Our TRICARE benefits package promises patients that enrollment in Prime will allow them to be assigned to a primary care manager (or team), and will allow them to obtain advice from their PCM 24 hours per day. The provider-patient relationship, with emphasis on continuity of care and appropriate patient access, are central to both quality of care and patient satisfaction. I think that we can do better in this area than we are currently doing, and challenge you all to find ways to improve our program.

Thanks again for the great job you are doing for our patients and for our Navy. I feel confident that with the combined efforts of our great health care team, we will be successful in continuing to improve on the great service we provide every day, and that we can be our patients' first choice for health care.

CAPT Jack W. Smith
Commanding Officer



XO: new directorate 'plenty to celebrate'

By CAPT John E. Tracy
Executive Officer

This month marks the official start of the Health Care Services Directorate.

While there was no ribbon-cutting ceremony, we have plenty to celebrate about what this new directorate represents.

By combining nursing and other clinical resources, we have achieved greater efficiency, eliminated redundancy, and redirected resources for patient care. This is one of the key "performance improvement" success stories we have seen here in a series of successful accomplishments over the past three years.

I want to commend CAPT Kellogg, CAPT Butler, CAPT Hoffower, and others for this seamless, virtually transparent evolution.

Only a few offices and people had to move, but I want to offer my thanks to HMC Fabian (Command Career Counselor) who has moved back to one of her former locations, room 3B-46. The Chief tells me her office furniture is now on wheels! Also, thanks to LCDR Taylor and HMC Thomas for moving offices to accommodate this important performance improvement initiative.

As you know, in this column I focus on quality-of-life issues that affect our staff. Here are some of the latest staff suggestions and recommendations:

Remove the 'wrecked' car

A staff member wrote, "A lot of patients and staff complain about parking. I've noticed a wrecked car in the parking lot. First, I feel this makes the hospital look bad. Second, I know I get upset when I walk by this car when I had to park farther away."

Before we gave this to the Admin Services Department for action, the Board of Directors and I had to make sure you weren't talking about one of our cars . . .

But seriously, thanks for noticing and reporting any abandoned vehicles around the hospital or outside one of the branch clinics. Our Security staff can and has taken appropriate action with help from CFAY Security.

"More diet sodas for the machines, please!"

We will notify the vendor of your request. Thanks for being an advocate for healthy vending machine choices. Voice your opinion to the Navy Exchange. The nice folks in the Omise at the core hospital have been very helpful in ordering and stocking items we've suggested.

Front Desk Watch Bill

A staff member suggested we revamp our watch bill at the core hospital so folks would be pulled for a three-month stretch (90 days of 'days' then 90 of 'nights'). Once finished, they would have no more duties for the rest of their tour. The main advantage would be that departments could plan around the temporary loss of the staff member.

Unfortunately, while this plan can work at a place as huge as Bethesda, it is not practical at Yokosuka where new staff does not come in a steady stream and where we always seem to be experiencing a shortfall.

I can tell you, though, that this suggestion got a long, hard look from the Board of Directors. We considered it in light of recent work done by a watch bill working group and other performance improvement initiatives. It's a great suggestion, but it's just not feasible at this command.

The ESC and BOD recognizes that the EMT watch bill is a major source of frustration. We anticipate some changes will be forthcoming

very shortly to make sure this watch bill is equitable and fair for everyone.

"Can dual active duty family of E-4 and below living off base have more than one vehicle?"

This is a tough issue that affects a lot of people. In related restrictions, unmarried E-4s and below cannot own any vehicles, and large families with multiple drivers can only own the maximum of two vehicles.

This policy was established by Commander, Fleet Activities, Yokosuka, who has explained in various public forums the reasons for the limits: "to reduce traffic, parking, and congestion issues." I believe CFAY has tried to be as fair as possible in enforcing these rules.

Stroller sign at front door

Mr. Douglas Hayes, our compassionate physician assistant, noticed that people with strollers are still trying to use the revolving door at the front entrance, thinking the handicap entrance is restricted to handicapped people only. Mr. Hayes noticed that the revolving door could be a safety hazard for those moms and children.

His suggestion: change the sign completely to include strollers as well as wheelchairs.

Thank you, Doug. The Director for Administration, CDR D'Alessandro, has taken this for action. We can look forward to a more customer-friendly sign in the near future.

Off-base utility receipts

"Off-base utility receipts are turning up missing after I make copies of them and turn them in . . ."

Thank you for bringing this to our attention. We rely on individuals, unit coordinators, several departments, and PWC to route off-base utility receipts. "Attention to detail" is important, but perhaps the whole process for reporting of receipts can be improved.

The Performance Improvement Office will be looking at the process to see if it may warrant a process action team. I encourage you to get involved and share your ideas for improving the way receipts are turned in and accounted for. Remember, this is an important program because it helps defray the costs to the U. S. government for military and civilian personnel living off base.

Thanks for all the great suggestions. I look forward to seeing more of your ideas for improving the command. Send your suggestions to me directly or to the Public Affairs Office: yok1wbd@yok10.med.navy.mil.



Captain's Cup . . . CAPT Tracy and HN Michael Perez accept the 2nd place men's trophy from CAPT Wiley, Commander, Fleet Activities Yokosuka.

Command's top senior sailor from Sasebo

By HM1 Joanna Miclat

HM1(FMF) Keith E. Derr is the Leading Petty Officer of the Family Practice Department and is also in charge of the Central Sterilization Department. His can do attitude and untiring devotion to duty got him recognized and selected as Clinic Sailor of the Year and Command Sailor of the Year.

He says, "Cannot" and "impossible" are not in my dictionary. I believe that if given enough time, any problem\obstacle can be overcome."

HM1 Derr's professional knowledge, technical skills and seemingly limitless initiative directly resulted in vast improvements to command efficiency and the quality of patient care. As the Clinic's Network Manager, he created a Domain Name Server and Windows Internet Name Server, cutting network traffic by 40%. He also created a Clinic web page and a remote dial-up service, which provided staff at the Hario Clinic internet access.

According to HM1 Derr, "We have continued upgrading current computers to meet or exceed it21 standards. Increased Hario connection to 128kps (doubled the speed) from hario to main base." He adds, "Telederm has just started with both sites using it, even though only one site was originally in the plan."



HM1(FMF) Keith Derr

The new technology employed by Sasebo and Yokosuka is a win-win situation for staff and patients. "It saves money and offers peace of mind when a doctor can come to a diagnosis faster due to not having to send the patient to Yokosuka," said HM1 Derr. This is the same technology we will see on the battlefield and on ships which, as an IDC, I will be glad to see happen. It will allow for faster diagnoses which leads to faster healing, meaning the member

could be returned to fight or work without ever leaving the ship or battlefield."

If he could wave a magic wand, what would HM1 Derr do to improve computer technology throughout the command?

"Get a T-1 line for Yokosuka. Finish the 256kbps lines for the clinics which should be done this month. Replace all 386, 486 and Pentium CPU's with Pentium IIs'. Replace all of the infrastructure with cat 5 wire. Have weekly training classes to teach people about the technology they have at hand. Most of these suggestions are covered by some project but the completion dates are unclear. There are classes for all levels of users available over the internet for low fees (\$10 per month). If you have a computer of your own experiment like I did or join the computer book club," he suggests.

HM1 Derr also volunteers his free time as Scoutmaster for Boy Scout Troop 76. As a result of numerous hours devoted for volunteering his free time, he was selected as Commander, Fleet Activities Sasebo, Volunteer of the Month for June 1998 and earned a medal in recognition of his volunteer efforts.

He said one of his greatest accomplishments this past year was, "Conducting my own summer camp at lake Kitayama for the

HM3 Flournoy - command's best junior sailor

"Tomorrow isn't promised to any of us," says HM3 Alonzo Flournoy, the command's Junior Sailor of the Quarter, explaining what's at his core - why he works so hard and gets involved in so much.

Petty Officer Flournoy is a computer operator and maintenance technician of the Information Management/Information Technology Department who performs daily back-ups of five major medical data systems: the Composite Health Care, Ambulatory Data, Defense Blood Bank, Defense Medical Logistics Support, and Expense Accounting for both the Hospital and Dental Center.

He is often on the road or on the go resolving trouble calls throughout the command and providing training and network support.

In addition to his technical duties, he is Hospital Corps Ball Committee treasurer, member of the Combined Recreation Committee,

and Command Color Guard. He is also a Medical Response Team members and assistant to the Medical Planner for MRT affairs. An important responsibility is his membership on the Emergency Response Team. He is an Emergency Medical Technician instructor and watchstander.

As an EMT he has some advice on how to improve emergency response services at USNH. "I would ensure that all members on the watch are EMT certified, ensure that all ambulance drivers are EVOC trained and ensure that all drivers are continuously familiarizing themselves with the areas in which we render medical support," said HM3 Flournoy.

For HM3 Flournoy, education is the key to success. He recommends people set realistic short-term and long-term goals and strive to achieve them. To further education and goal-setting, "Visit our resource center. We also

offer informal training in our resource center for many of the programs that we use on a daily basis. There are also several books, videos and CDs available for private purchase at our exchange, out in town or over the Internet."

Petty Officer Flournoy credits his own success with his chain of command, which empowers him at work and encourages him in a variety of volunteer initiatives.

"My chain of Command has given me the freedom to express myself through these different venues, and has allowed me to excel at my job here at MID."

His two favorite maxims are "Carpe Diem (Seize the Day)" and "Be ashamed to die until you've made some contribution for the betterment of mankind."

"These are the two phrases that I govern my life with. Make the most of every day and you will never have regrets," he said.



To tiny deck plates . . . LCDR Karen Niemantsverdriet-McDonald was a big hit with little folks at the Yokosuka pre-school. Potential future health care providers showed their enthusiasm to learn more about the world of medicine. (Photos by Tom Watanabe)



Oakleaf Donations to Dental Center

Thanks to Oakleaf Spouse club members like Mrs. Cherry Traficante and Mrs. Carolyn Butler, CAPT W. Milnichuk, commanding officer of USNDCFE is all smiles. The Oakleaf Club is asking for suggestions from the Hospital and Dental Center for more donations by March 15, 1999.

Tokyo's New Sanno hosts USNH



Clockwise:

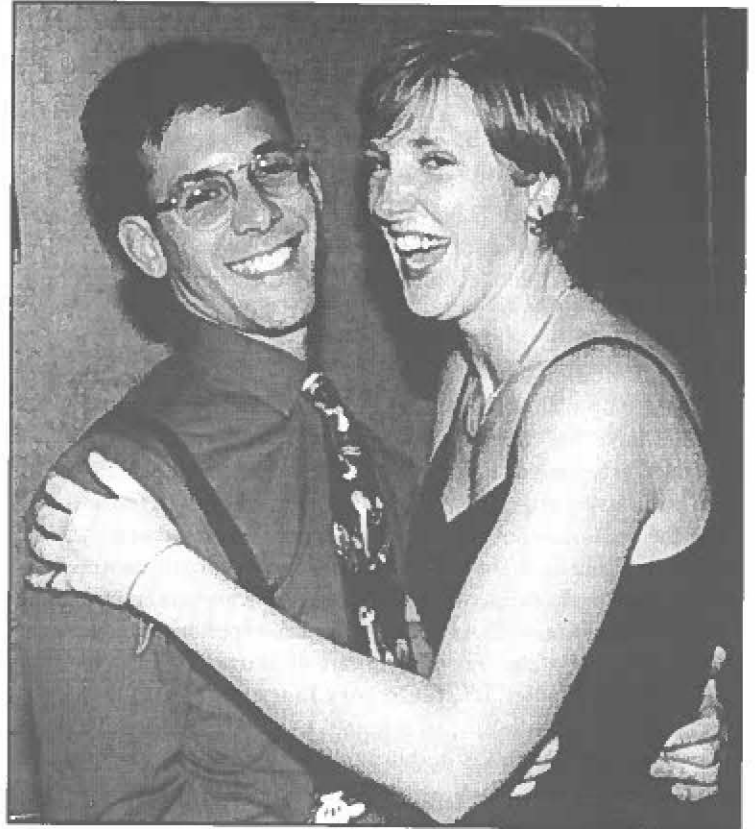
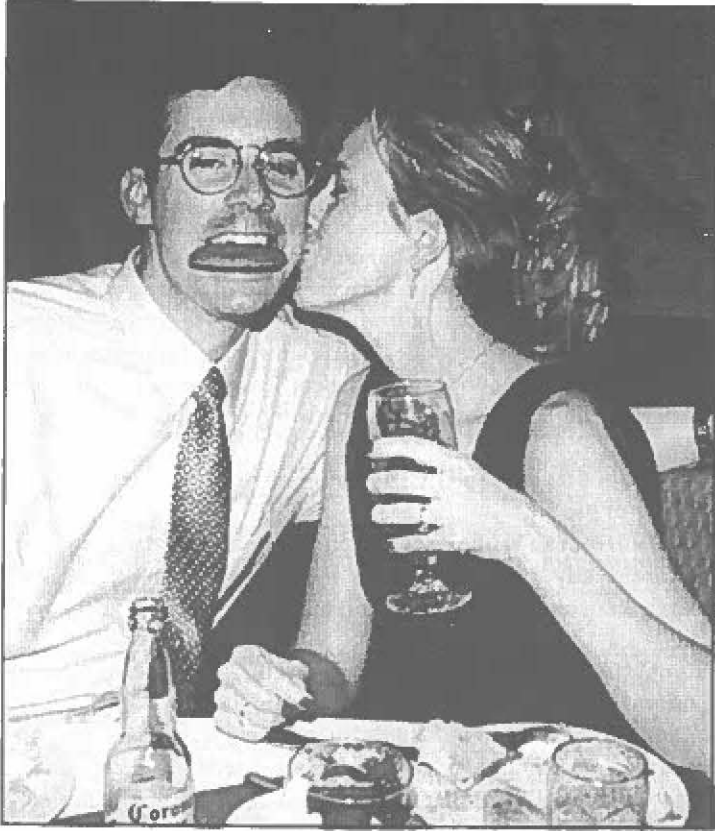
HM1 Tony Robinson and Mrs. Donna Robinson. "How about this party!"

Dr. Randy Hadfield keeps Derrick in tow.

Dancers shake, rattle, and roll at the Sanno.



Photos by Rob Riegle



Dr. Chris Johnson and Mrs. Debbie Johnson enjoy dinner.

Dr. Adam Hartman and LTJG Ardath White share a quiet moment.

HM1 Greg Atwood and Mrs. Atsuko Atwood make a fashion statement.

Below: Mrs. Cherry Traficante and CDR Bob Traficante trip the light fantastic.



Wow! Two pages of BZs!

I would like to thank U.S. Naval Hospital, Yokosuka and NAF Atsugi Branch Medical Clinic for their outstanding support during a recent personal emergency and recognize the efforts of several of your people. They clearly went above and beyond the service to which I am entitled ... When I approached **CAPT Henry Chinnery**, Officer-in-Charge of the Branch Medical Clinic, about getting my blood typed, he immediately set me up with the Naval Hospital's laboratory. Since the Navy does not have the capability to perform this analysis in Japan, **LT Sharon West** arranged to draw the samples in her lab and then shipped them to my sister's hospital. **CAPT Chinnery** and his staff immediately made the necessary accommodation for me. I received outstanding professional care throughout the process, from **the corpsman who drew my blood to the physician who gave me the physical examination**. In my 25-year association with the U.S. Navy, this experience has been the clearest example of the Navy taking care of its own.

HN Christie Sadler, **LTJG Gregory Jones**, and **HA William Petty** were great. They made me feel at home. I had to have surgery without knowing that I had to stay in the hospital, but these people made my stay an excellent experience.

CDR James Valente removed a cyst from my neck. He did a very good job. I was satisfied with his skill and his friendly manner.

BZ to **all the staff in Ward 5B** for taking their time to make me feel very important to them. The best medical treatment I ever had. Thanks to you all.

Special thanks to **LTJG Steven Yaden** and **HA Heather Lueck** for providing excellent care and having fun uplifting attitude. The entire 5B staff was very professional and outstanding.

The surgery staff was superb! Many many thanks to **LCDR Robert Blotter** and his team.

Thanks to **LTJG Felecia Wray** for listening.

The entire trip to Yokosuka including the **MEDEVAC**, **BEQ**, **Patient Admin Office**, **Surgery Clinic**, and **Ward 5B** was simply outstanding in every area. Their treatment put me at ease for the surgical procedure and stay. You have an extremely professional staff.

LT Ana Blackmon was very courteous and professional. I appreciate all the care she gave to my mother. The nursing staff on 5B was also courteous and professional.

HN Steven Garza did an outstanding job of keeping me comfortable, always monitoring my condition.

Thanks to **CDR James Valente** and the anesthesiologist for the care. **LTJG Steven Yaden** was very informative.

I thank everyone who assisted and gave me full support during and after my delivery on **Ward 3AOB**.

I really enjoyed delivery on **Ward 3AOB** at USNH Yokosuka. Thank you all. Keep up the good work.

APU staff did a very good job to keep me comfortable. Thank you!

Special thanks to **LTJG Gregory Jones**, **HN Candace Matonis**, **LTJG Irene Irby**, **HA Heather Lueck**, **LTJG Felecia Wray**, **HN Unique Wallace**, **LTJG Sarah Scouten**, **LT Paul Cornett**, **HM3 Kim Pellini**, and **Ms. Megumi Hasegawa** for the outstanding care. I was somewhat anxious about being a patient where I work. They were all very professional and put me at ease. Thanks.

I walked in with no appointment or medical record but was treated with respect and concern. **LT Sharon West** as well as **HM3 Carmelo Bayani** and **HM3 James Clark** were very helpful. Thank you.

Mr. Brian Greene for his outstanding service. He always performs with a smile and a positive attitude. I thank him for his willingness to bend over backwards to insure his customers leave Outpatient Records Department fully satisfied that they have received the best service in the Navy.

LTJG Julie Hoover and **LCDR (Dr.) Gabriel Reyes** for taking such good care of me.

LCDR Deborah Williams for her professionalism and thoroughness which are greatly appreciated. It has been wonderful to feel as though health concerns are approached calmly and seriously. Keep up the good work!

I would like to thank **LCDR Joanne Petrelli**, **LTJG Melissa Queen**, **LT Adam Hartman**, people at the reception desk (Green Team), and **Mr. Ray Santos from Central Appointments**. We just arrived here and needed medical attention for our son. We also needed Medical Consent Form for school. Everything was arranged in matter of minutes even though we were "walk in." I would also like to thank the members of **Respiratory Therapy Clinic**. Bravo Zulu!

HM1 Fernando Devera for his unique approach to quality care and comfort for his patients. His routine services officered during a series of testing in Lab were superb.

Blue Team for going the extra mile to assist whenever possible.

Ms. Sonia Nadvornik and **Ms. Ayami Horiuchi** were very helpful and considerate. They kept me from getting upset with another department.

Thank you very much for giving us an opportunity to tour the hospital and **Eye Clinic**. All of us enjoyed the visit very much. **Dr. (LT) Ken Uyesugi** and the rest of your staff arranged the tour for us perfectly. On behalf of Japan Optometric Association and the participating members, I thank you for your hospitality.

Ms. Yasuko Aki for extremely professional attitude and friendliness at the lab reception area. She is a model for others to follow.

LCDR Gabriel Reyes, **HM2 Eduardo Achay**, and **HN Christian Hans** were professional and provided outstanding service. They put my mind at ease somewhat. I really appreciate them. "Bravo Zulu."

HM3 Jaime Suarezhurtado shows a great interest in his work and goes the extra mile for patients' satisfaction.

I was treated courteously and professionally by **HM3 Jason Montgomery**.

HM3 Ryan Norton for his excellent care and concern while taking off my cast. He was very polite and professional.

My knee surgery, work-up, and follow-up were flawlessly carried by the expert, professional, and compassionate staff in **Orthopedic Department**, headed by **LCDR (Dr.) Robert Blotter**. This group should be commended for their outstanding and caring effort. I thank them most sincerely. They are a credit to Navy medicine!

Mr. Osamu Iguchi is fantastic! He is thoroughly and patiently discusses all details of preparation for procedures with a great manner. He puts me at ease during difficult procedure and is always friendly and courteous.

My thanks to the staff of Urology Clinic. They were professional and totally customer oriented. At each and every turn, they were ready to discuss options available in the fullest possible manner. Never once did they fail to fill me on what was happening, and during the surgical procedure, they were informative, caring, and sensitive to my needs as a patient.

I was seen by your Emergency Room Professional Care Team. Although they were busy with a heavy work load and some very serious health problems, I was treated as if my problem was the most serious health problem the ER team was dealing with. By the doctors, nurses, and corpsmen in ER, X-ray tech, and pharmacy staff, I was provided nonpareil world-class quality care. Your team members went out of the way to explain procedures taking place while ensuring that I was fully aware of what was taking place. One often hears a lot of negatives about our health care system, but this experience provided me a glimpse of the totally professional care provided by your team of quality health care providers. I was totally impressed with the care I was provided. I would like to pass on my thanks to the ER crew.

HN Myra Delmundo for the professionalism and fast expeditiousness of my leave paper.

The staff on Ward 5B had been great to my wife and me. My wife had an operation, and I felt she was in the best of hands. HA Bruce Padron, I believe, will be a star.

Ward 3AOB Staff for doing a superb job on helping my wife's delivery and during her stay. To LTJG Melinda King, LT Edna Whitmore, LTJG Timothy Ellis, and the corpsmen, God bless you all.

LCDR Robert Blotter for opening up his schedule to accommodate more patients which shortened my waiting time to get an appointment. Thanks also for his professionalism and caring attitude. He epitomizes Navy Medicine's motto, "We Care."

The whole ENT Clinic for their excellent care and wonderful way of dealing with their patients.

Ms. Yukiko Niikura for being helpful when I needed to get my health record from Outpatient Records.

HM3 Natasha Plesko was always helpful and courteous. She assisted us through the overseas screening procedure in a friendly and highly professional manner.

CDR (Dr.) Robert Butler for providing the best care and doing an excellent job.

HBA Staff, both military and civilian, was very helpful in resolving our situation.

My son received superb care from the staff of Ophthalmology Clinic, Same-Day Surgery Clinic, and Operating Room, from his first appointment until discharge. Most notable was the superb care he received from LCDR (Dr.) William Sray, Ms. Wilnarose Nogra, and some other nurses. They provided outstanding medical care and were truly compassionate and understanding. They are unquestionably 'true medical professionals.'

When I visited Eye Clinic with my children, everyone was very helpful and courteous. That was nice environment.

HN Yvonne Chisham and HA Bryan Triplett were courteous. Every time I visit Ophthalmology/Optomtry Dept, they always greet me with a smile.

HM1 Ronald Bolton for outstanding and professional care I received during my visit. The resources he recommended and the course of action outlined were to my satisfaction. Thank you. Keep up the good work!

I want to thank LT Kristen Moe for her visit to the Embassy Health Unit. I had several clients who express their appreciation for her visit. They verbalized a greater understanding of nutrition's role in the management of their health care. I would like to have her return and give the same or similar presentation in the future. Thank you again for your support.

HM1 Arthur Evangelista for his courteous and professional service. He introduced himself, explained the reason for the delay, explained what he would be doing, and asked if he could proceed.

HM1 Tony Robinson was great. He was very professional. I really appreciated his attitude and assistance in my road to recovery.

When God Created the Military Spouse

When the Good Lord was creating military spouses, He was into His sixth day of overtime. An angel appeared and said, "You're having a lot of trouble with this one. What's wrong with the standard model?" And the Lord replied, "Have you seen the specs on this order? It has to be completely independent, but must be sponsored to get on a military installation. Have the qualities of both mother and father during deployments. Be a perfect host to four or forty. Handle emergencies without an instruction manual. Cope with life and move around the world. Have a kiss that cures anything from a child's torn Valentine to a spouse's weary day. Have the patience of a saint when waiting for its mate to come home and have six pairs of hands."

The angel shook her head slowly and said, "Six pairs of hands? No way."

And the Lord answered, "Don't worry, we'll make other military spouses to help. Besides, it's not the hands that are causing the problem. It's the heart. It must swell with pride, sustain the ache of separations, say 'I understand' when it doesn't, and say 'I love you' regardless."

The angel said, touching his sleeve gently, "Lord, go to bed. You can finish tomorrow."

"I can't," the Lord said. "I'm so close to creating something unique. Already I have one that can heal itself when sick, feed unexpected guests who are stuck in the area due to bad weather, and wave good-bye to its spouse from a pier or runway and understand it's important to the country that the spouse has to leave." The angel circled the model of the military spouse very slowly.

"It's too soft," she sighed.

"But tough," the Lord said excitedly. "You cannot imagine what this being can do or endure."

"Can it think?" the angel asked.

"Can it think?" It can convert 1400 to 2 p.m. in a heartbeat."

Finally, the angel bent over and ran her finger across the cheek. "There's a leak," she pronounced. "I told you that you were trying to put too much into this model."

"It's not a leak," the Lord said. "It's a teardrop."

"What's it for?" the angel asked.

"It's for joy, sadness, pain, loneliness and pride," said the Lord.

"You're a genius," the angel said.

The Lord looked very somber and replied, "I didn't put it there."

(Courtesy of Dr. Stella Hayes)

Oral Surgeon becomes 'CAPTAIN Young'

Captain Sam Young, Director of Oral Surgery at U. S. Naval Dental Center Far East, put on his "eagle" this month. His is a story of hard work and success, from the fields of Bakersfield to senior Naval officer and respected oral surgeon.

CAPT Young, where is your hometown? What is it like there?

My Hometown is Bakersfield, California, which is located about 130 miles north of Los Angeles. Bakersfield is in the southern part of the San Joaquin Valley, which is known for its rich agriculture. When I lived there, farm labor was the major jobs readily available and if you drove by the outskirts of Bakersfield on Interstate 5, you might have seen me out in the fields. Through high school, this was our major source of work and income.

The greater Bakersfield area also has one of the largest oil reserves in the Western U.S.

Where did you go to high school, college, and medical school?

I attended Bakersfield High School, home of the Mighty Drillers. I graduated in 1972.

I attended Occidental College, a small liberal arts college in Eagle Rock, California, located about midway between Dodger Stadium and the Rose Bowl. I majored in math and chemistry. Upon graduation in 1976, I attended The Harvard School of Dental Medicine, where I received a Doctor of Medical Dentistry (DMD) degree in 1980. I completed a three-year residency in oral and maxillofacial surgery from 1986 to 1989 at Naval Hospital Oakland, California.

As a child in the 60's, what were your dreams? What were your fears?

I am one of 11 children, and growing up in the sixties was a real challenge.

My father was the pastor of a small church and worked as a construction worker to support the family. We all had to work as well as soon as we were old enough. We were somewhat sheltered from the civil rights movements that were occurring throughout the country, as Bakersfield was already well integrated and racial unrest wasn't a problem. Bakersfield was actually a very good place to grow up and get a true "melting pot" experience.

I don't recall any major fears; however I was concerned about being able to afford to go to college. My parents were not financially able and I was not sure that I would get any schol-

arships. I was also concerned about being accepted into College, however I was always optimistic.

What exactly is an "oral surgeon"?

An Oral Surgeon is a Dentist who has spe-



CAPT Sam Young

cialized in The discipline of oral surgery, which includes performing dental surgeries such as extractions, biopsies to diagnose and treat abnormalities of bone and soft tissues in the head and neck area. We also treat facial fractures, perform cleft lip and palate surgery, and perform orthognathic surgery to correct overbites and underbites.

Did you always know you wanted to be an oral surgeon?

I had decided to go into the field of dentistry when I was in my second year of high school.

I decided to specialize in oral surgery during my third year of dental school. It took a few years to reach that goal, however I knew that I would do it.

What's the best thing about your job?

The best thing about my job is that I get to meet so many different people.

I try to learn something from everyone I meet. I also know that the service that I provide is very much needed and I am satisfied to be providing service to others.

How did it feel when you put on the Captain's bars for the first time?

I felt a great sense of responsibility to rep-

resent this new rank appropriately.

I also felt accomplished to get to this position.

What has the Navy given you that you may not have received in the civilian world?

An opportunity to excel. I admire the Navy for the many programs that it offers to assist its members to pursue higher education. I initially joined the Navy when I was in dental school and was offered a Navy scholarship, which paid for three full years of my dental education at Harvard School of Dental Medicine.

In your view, what are key components of success for any individual?

Setting a Goal, Having the desire to achieve that goal and the tenacity to stick to the plan despite obstacles.

You always seem to be happy and in control. What is the secret to happiness?

I am a Christian! That is the source of my happiness and positive attitude.

How does your family feel about your success?

My family has always been supportive of me and we mutually share our success. My family is pleased and all the more supportive.

Please tell us about your family.

My wife Karla is wonderful! I'd better say that. She supports me in any way that I think I need and she takes care of our home. I have four children: Samuel E. Young, 21, a student in Washington State; Sharonda Young, 18, student at Marymount Manhattan College, New York; Grant Young, 11, and Veronica Young, 10. Both are Home schooled

Are they enjoying Japan?

Yes we are thoroughly enjoying Japan, visiting many Japanese families and experiencing their culture. We especially enjoyed our visit to last year's ice festival in Sapporo. This is our third year in Japan and we just extended for a fourth year.

After you all leave here, where do you hope to go next?

I plan to return to CONUS to the Naval Academy in the year 2000.

Your questions answered about Anthrax

Anthrax is a disease normally associated with plant-eating animals (sheep, goats, cattle, and to a lesser degree swine). It is caused by the bacteria *Bacillus anthracis*. Anthrax has been recognized as an illness for centuries. Once common where livestock were raised, it is now controlled through animal vaccination programs. Anthrax still occurs in countries where animals are not vaccinated, mainly in Africa and Asia. It does occur infrequently in many countries, including the United States.

Human infection with anthrax usually results from direct contact with infected animals, or animal products such as wool, meat or hides.

However, when anthrax is used as a biological weapon, people become infected by breathing anthrax spores that are released into the air. Inhalation anthrax is the disease that results from breathing anthrax spores.

Symptoms of inhalation anthrax can begin as early as 24 hours after breathing the spores. Initial symptoms include fever, cough and weakness and usually progress to breathing problems, shock and death.

What is the threat?

Biological weapons are maintained by several countries around the world. Use of these weapons could cause widespread illness among unprotected military forces. Anthrax is the biological weapon most likely to be encountered because it is:

- Highly lethal
- Easy to produce in large quantities
- Relatively easy to develop as a weapon
- Easily spread in the air over a large area
- Easily stored and dangerous for a long time

Why vaccinate?

Vaccines prevent illness by stimulating the body's natural disease-fighting abilities. They are among the most powerful tools developed by modern medicine for keeping people healthy. Vaccines are routinely used in the United States to protect against diseases such as mumps, measles, whooping cough and polio. As part of force protection, military personnel are given additional vaccines to protect against natu-

rally occurring diseases encountered when deploying overseas, such as typhoid, hepatitis and yellow fever. Vaccines also help protect against biological weapons.

A safe and effective licensed vaccine against anthrax is available. The Department of Defense has established a vaccination program to protect military personnel against anthrax.

What is the anthrax vaccine?

The anthrax vaccine is a formalin-inactivated vaccine used to protect people against anthrax. This vaccine contains no living organisms. The anthrax vaccine is not new. Human anthrax vaccines were developed in England and the United States in the 1950s and early 1960s.

The vaccine you will receive was licensed by the FDA in 1970. This vaccine has been safely and routinely administered in the United States to veterinarians, laboratory workers and livestock handlers.

Facts about the anthrax vaccine

- Vaccination is a critical part of protection against infection
- Licensed by the FDA since 1970
- Manufactured in the United States
- Safely used for more than 25 years
- As with other vaccinations, pain may occur at the site of injection
- Temporary side effects (sore arm, redness and slight swelling) may occur
- No known long term side effects
- Six shots are required over 18 months, followed by an annual booster

Commonly asked questions and answers

Q: Why are we getting this vaccine?

A: Anthrax is a lethal weapon we may encounter. Vaccination before exposure is a critical part of our protection against this weapon.

Q: Is the vaccine all I need to protect against inhalation of anthrax?

A: Being fully vaccinated greatly increases your chances of surviving an exposure to anthrax. Your chances are further improved by

other measures, especially proper use of the protective mask.

Q: Is this an experimental vaccine?

A: No, the vaccine has been FDA approved since 1970 (License No. 99, 1970).

Q: Is this vaccine safe?

A: Yes, this vaccine has been safely and routinely administered in the U. S. to veterinarians, laboratory workers and livestock handlers since 1970. No reports of significant adverse effects have been received by the producer, the Michigan Biologic Products Institute.

Q: What if I am pregnant?

A: Pregnant women should not receive this vaccine. If you are or believe that you may be pregnant, you should inform your health care provider. The vaccination program will be deferred until the pregnancy is complete.

Q: What other medical conditions should I inform the medical staff about?

A: If you have an active infection or if you are taking a prescription medicine, inform your health care provider before taking this shot.

Q: The anthrax vaccine was administered to personnel deployed in the Gulf War. Has the anthrax vaccine been linked to illnesses among Gulf War veterans?

A: No. Several national scientific groups have addressed this issue and have found no evidence to link anthrax vaccine with illnesses among Gulf War veterans.

Q: How many shots will I have to take?

A: Six shots, three given two weeks apart followed by three additional injections given at 6, 12 and 18 months. An annual booster shot is required to maintain ongoing immunity.

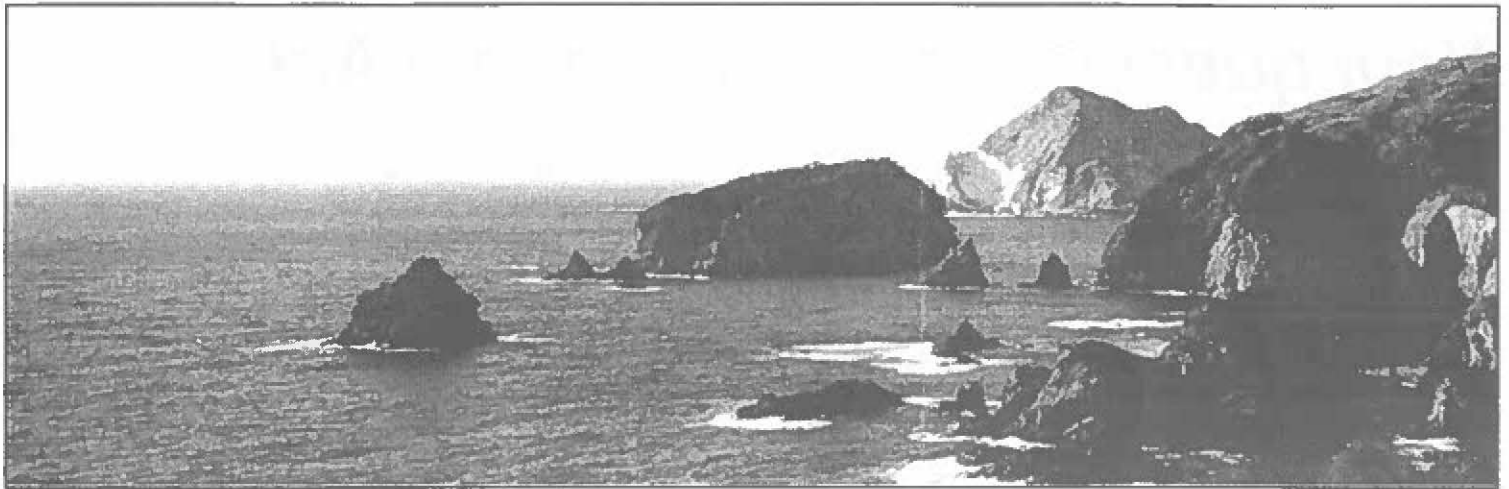
Q: Am I required to take the vaccine?

A: Yes. This program will be treated like any other vaccine that is required to prepare you for deployment. You will be required to take it unless medically deferred.

Q: How can I get more information about anthrax vaccine?

A: Your commander. In addition, more information about the anthrax vaccine can be found at:

http://www.defenselink.mil/other_info/protection.html#Anthrax



The coast of Izu on the road to Fuji. (Photo by LT Frank Stubbs)



Above: HM3 Loreta Jose, HM3 Maribel Neanover, and HN Myra Delmundo meet Joe Yamanaka, singing star, at a recent Kobo concert. Left: HMC Gilbert Deterville checks Zachary's ID card as mom Mrs. Deborah McFadden looks on. Zachary's dad is HMC(FMF Paul McFadden of USS Vandegriff.



Meet the Medical Service Corps . . . Back: LCDR Raoul Allen, LT Dave Baptista, LTJG Aaron Harding, LTJG Luis Asqueri, LT James Popa, LT Tim Meyer, LT John Kendrick, LCDR Leslie Moore, LT Jason Holmes (USS Kitty Hawk), LCDR Ben Taylor, LT Drew Messer, LT Julie Miller, and LT Heather Agustines. Front: LT Kevin McGowan, ENS Lenora Weatherford, ENS Vic Chavis, CDR John D'Alessandro, CDR Ed Robinson, LT Janet Cochran, ENS Dave Haldane, LTJG James Burrill, LT Frank Stubbs, and LT Jane Turner (Family Service Center).